

Reporting Month and Year: _____

MONTHLY

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DISPOSAL QUANTITY REPORTING FOR USE BY SOLID WASTE STATION OPERATORS AND WASTE HAULERS **ORIGIN SURVEY**

(For use only for waste exported from the Los Angeles County)

Station Station Phone Freque	n Name:n Address:n Contact Person:e No.:e no.:e concy of Survey (Check one do used to determine jurisd	only): D	Signature: Daily □ Other □ (attach explanation)								 □ origin obtained from other facility operators □ other 				
					(Indicate	one)									
Enter "J" or "U"	Name of Jurisdiction	Quantity of Waste Received (tons)		Separated al (tons)	,,						Quantity Shipped Off-site to Solid Waste Disposal Facilities (tons)				
			Recycled/ Reused	Composted	Alternative Intermediate Cover		Alternative Daily Cover		Beneficial Reuse	Transformed	Landfilled	Name of Facility Where Waste Was Disposed	SWIS No. of Facility or State/Country if Outside California	Facility Contact Person	Phone Number
					Green Waste	Other	Green Waste	Other					Camornia		
	TOTAL														
Notes:				•											

- This form should be used by all Solid Waste Station and Non-Disposal Facility owners/operators and Waste Haulers operating in Los Angeles County who have exported waste from the Los Angeles County.
- No later than two and a half months after the end of each calendar quarter, complete this form and forward it to the Los Angeles County Department of Public Works, Environmental Programs Division, P.O. Box 1460, Alhambra, CA 91802-1460. 1-800-320-1771
- "Solid Waste Station" and "Non-Disposal Facility" denote all transfer or processing station, material recovery facilities, and composting facilities as permitted by the applicable Local Enforcement Agency and/or the California Integrated Waste Management Board, and do not include disposal (landfill and transformation) facilities.
- Solid Waste Station and Non-Disposal Facility owner/operators and Waste Hauler owner/operators must retain a copy of this form for a period of three years. This form must be made available for review upon request during business hours.